


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2005 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P94000071931</b>	
1. Entity Name <b>FOX MARKETING GROUP, INC.</b>	

Principal Place of Business <b>1582 STOCKTON DR. GREEN COVE SPRINGS, FL 32043 US</b>	Mailing Address <b>1582 STOCKTON DR. GREEN COVE SPRINGS, FL 32043 US</b>
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**DO NOT WRITE IN THIS SPACE**



02282005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0528452</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**PEPER, RICHARD C JR  
8833 PERIMETER PARK BLVD.  
SUITE 602  
JACKSONVILLE, FL 32216**

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when renewing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>2/28/05</b>
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10. OFFICERS AND DIRECTORS

TITLE <b>P</b>	<b>FOX, CHARLES B</b>
NAME	<b>1582 STOCKTON DR.</b>
STREET ADDRESS	<b>GREEN COVE SPRINGS, FL 32043</b>
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

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03/01/05-80019-002 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE: Charles B. Fox (CHARLES B. Fox 2/28/05 (904) 284 3041**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #